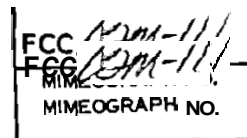


SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Received by (Please Print Clearly) _____ B. Date of Delivery <u>DEC 19 2002</u>	
1. Article Addressed to: <u>12-10-02</u> * 01-348 Mark A Balkin 110 Veterans Boulevard Suite 300 Metairie, LA 70005		C. Signature <u>X</u> <u>Dianne G...</u> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: _____	
		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

DOCKET NO. 01-348

ORDER DATED

CERTIFIED

DEC 19 2002
MAIL
RETURN
RECEIPT
REQUESTED

NAME: Mark A. Balkin
Hardy, Carey & Chautin. L.L.P.
110 Veterans Boulevard
Suite 300
Metairie, LA 70005

C. R. R. NO. _____

BY _____

U.S. Postal Service	
CERTIFIED MAIL RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
Article Sent To: _____	
Postage \$	<u>3.75</u>
Certified Fee	<u>2.30</u>
Return Receipt Fee (Endorsement Required)	<u>1.75</u>
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	<u>4.42</u>
Name (Please Print Clearly) (to be completed by mailer) <u>MARK A. BALKIN</u> Street, Apt. No., or PO Box No. <u>110 VETERANS BOULEVARD</u> City, State, ZIP+4 <u>METairie, LA 70005</u>	

7000 0600 0023 0771 2559

Postmark: DEC 16 2002

PS Form 3800, July 1999 See Reverse for Instructions